

# In-vivo angular double-PFG MRI of the human brain

Carl-Fredrik Westin<sup>1</sup>, Markus Nilsson<sup>2</sup>, Ofer Pasternak<sup>1</sup>, Daniel Topgaard<sup>3</sup>, and Hans Knutsson<sup>4</sup>

<sup>1</sup>Department of Radiology, BWH, Harvard Medical School, Boston, MA, United States, <sup>2</sup>Department of Medical Radiation Physics, Lund University, Lund, Sweden,

<sup>3</sup>Division of Physical Chemistry, Lund University, Lund, Sweden, <sup>4</sup>Department of Biomedical Engineering, Medical Informatics, Linköping University, Linköping, Sweden

**Introduction:** The double-pulsed field gradient (double-PFG) sequence is a recent and exciting development in diffusion MRI (dMRI) that allows for new ways to probe tissue microstructure. It uses two pairs of diffusion-sensitizing gradients instead of the current standard for diffusion MRI, which comprises a single gradient pair (single PFG). Experimental results demonstrate that angular double-PFG analysis alleviates the demand for strong gradients for microstructure determination [Ozarslan08, Koch08, Shemesh09], and that estimation of novel features of tissue that displays a microscopic anisotropy may be possible using clinical scanners. We here present new data supporting this claim.

**Aims:** (1) To verify the feasibility to perform *in vivo* angular double-PFG MRI of the human brain on a clinical whole-body MRI scanner; (2) to verify that the angular double-PFG signatures previously obtained in rat brain [Shemesh11] can be obtained in an *in vivo* scan of the human brain.

**Theory and method:** Images were acquired using a stimulated-echo based double-PFG sequence at a clinical MRI scanner (Philips Achieva 3T). Imaging parameters were: TE<sub>1</sub> = 39 ms, TE<sub>2</sub> = 55 ms, TR = 2500 ms, voxel size = 3×3×3 mm<sup>3</sup>. The diffusion encoding of the first gradient pair was performed in the *x*-direction, **n**<sub>1</sub> = [1, 0, 0], while the direction of the second gradient pair was varied within the imaging plane, according to **n**<sub>2</sub> = [cos θ, sin θ, 0], with θ varied between 0 and 2π in 30 linearly spaced steps. The *b*-value of each gradient pair was 500 s/mm<sup>2</sup>, yielding a total *b*-value of 1000 s/mm<sup>2</sup>. The mixing time was approximately 35 ms.

For each voxel in the images acquired, the following phenomenological model was fitted to the data:

$$S(\theta) = A \sin^2(\theta + \psi) + B + C \cdot \theta \quad (1)$$

with *A*, *B*, *C* and  $\psi$  as free variables. The last term corrected for a signal drift in frontal parts of the brain that probably results from a movement artifact. The model is similar to that presented by Shemesh *et al.* [Shemesh11, presentation].

In order to understand what to expect from the phenomenological model, consider a voxel containing a distribution  $p(\mathbf{u})$  of microscopic domains in which the diffusion is anisotropic and described by the diffusion tensor  $\mathbf{D}(\mathbf{u}) = \mathbf{u}^T \mathbf{u} (AD - RD) + \mathbf{I} \cdot RD$ , where *AD* and *RD* are the axial and radial diffusivities in the microscopic domain, and **u** is a row-vector. Under these assumptions, the expected signal from the double-PFG experiment is

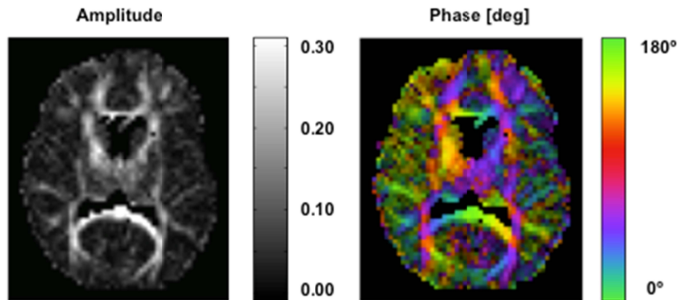
$$S_d(\mathbf{n}_1, \mathbf{n}_2) = \int p(\mathbf{u}) \exp(-b \mathbf{n}_1 \mathbf{D}(\mathbf{u}) \mathbf{n}_1^T) \cdot \exp(-b \mathbf{n}_2 \mathbf{D}(\mathbf{u}) \mathbf{n}_2^T) d\mathbf{u} \quad (2)$$

whereas the expected signals from two single-PFG experiment that are multiplied with each other is

$$S_s(\mathbf{n}_1, \mathbf{n}_2) = \prod_{i=1}^2 \left( \int p(\mathbf{u}) \exp(-b \mathbf{n}_i \mathbf{D}(\mathbf{u}) \mathbf{n}_i^T) d\mathbf{u} \right) \quad (3)$$

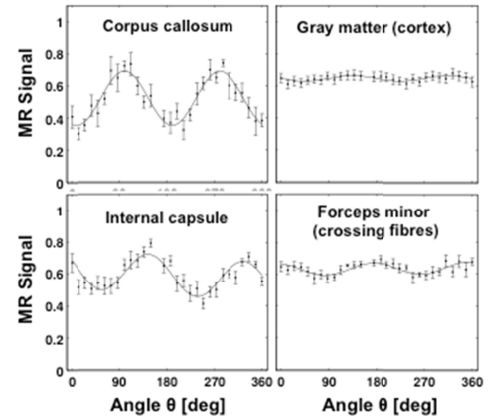
Limiting the analysis to a two-dimensional case, assuming *RD* = 0, and that domains are oriented in a single direction only, i.e.  $p(\mathbf{u}) = \delta(\mathbf{v})$ , with **v** = [sin φ, cos φ], both Eq. 2 and 3 simplify to  $S(\theta, \phi) = \exp(-b AD) \cdot \exp(\sin^2(\theta + \phi) + \sin^2(\phi))$ , with **n**<sub>1</sub> and **n**<sub>2</sub> defined as stated above. We thus expect φ in the phenomenological model to reflect the angular deviation of the coherent fibre bundles from **n**<sub>1</sub>. In cases where  $p(\mathbf{u})$  contains an orientation dispersion, however, we expect the outcome of Eq. 2 and 3 to differ. That could allow for the orientation dispersion to be estimated from the difference between single-PFG and double-PFG measurements, although such an investigation was outside the scope of the present study.

**Results:** Maps of the amplitude *A* and phase φ are shown in Fig. 1. High values of *A* were found in the white matter, except in regions where fiber bundles are known to cross. The phase map was generally smooth in white matter regions, but had a less consistent appearance in gray matter regions. The slope metric, *C*, was generally close to zero, except in frontal parts of the brain (data not shown). The model in Eq. 1 fitted well to the data, as shown in Fig. 2.



**Fig. 1 (above):** Parametric maps of the amplitude *A* and phase φ in Eq. 1. The amplitude showed high values in white matter structures, except in areas where fiber bundles cross.

**Fig. 2 (right):** MR signal versus the angle between the gradients. The signal values agreed well with the model. Error bars show the signal standard error within the ROI.



**Discussion and conclusions:** The advantage of the double-PFG sequence is that it provides previously unavailable diffusion properties that can be mapped into families of new types of geometric and tissue specific parameters [Ozarslan09], and that it alleviates the requirement for high-strength gradients for microstructure determination, since the theory supports that it can be performed at the “low *b*” or “low *q*” values [Ozarslan08, Shemesh09] available on clinical scanners. The presented work shows that it is possible to perform *in vivo* double-PFG imaging of the human brain with a good SNR, indicating that the new the microstructural contrasts from double-PFG can be made available to studies of clinical populations.

**References:** [Ozarslan08] Özarslan E, Basser PJ. The Journal of Chemical Physics, 2008;128:154511-11. [Koch08] Koch MA and Finsterbusch J, Magn. Reson. Med. 2008, 60:90. [Shemesh09] Shemesh N, Özarslan E, Basser PJ, Cohen Y. Journal of Magnetic Resonance 2009;198:15–23. [Ozarslan09] Evren Özarslan, Journal of Magnetic Resonance 2009;199:56–67. [Shemesh11] Shemesh N, Sadan O, Offen D, Cohen Y. Proc Intl Soc Magn Reson Med 2011#98.